

GEORGIA STATE BOARD OF HEARING AID DEALERS AND DISPENSERS 237 Coliseum Drive, Macon, Georgia 31217-3858 Phone (404) 424-9966

The Georgia Board of Hearing Aid Dealers and Dispensers | Georgia Secretary of State

APPLICATION FOR A TRAINING PERMIT (and Renewal Form for Training Permits issued)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of hearing aid dealers and dispensers in the State of Georgia.

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are withdrawn after sixty (60) days pursuant to administrative policy.

Application Checklist

Your **NON-REFUNDABLE** fee must be included with the application. Application fee includes a \$10 mail in application processing fee. Please use this checklist to ensure that you submit a COMPLETE application.

| NOTARIZED APPLICATION: The application must be mailed to the Board's office at the address listed above, along with your NON-REFUNDABLE FEE . All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and a written explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of a training permit is at the Board's discretion. |
|--|
| PROOF OF SUPERVISION BY A GEORGIA LICENSED DISPENSER: Supervisor's Dispenser's Statement on the application must be completed by a Dispenser with a current license to practice in Georgia. Trainees must be <u>under the direct supervision and immediate observation</u> of a licensed dispenser. |
| SECURE AND VERIFIABLE DOCUMENT and AFFIDAVIT OF CITIZENSHIP are required documents (see pages 4 & 5) |
| TO SUBMIT A RENEWAL REQUEST FOR AN ALREADY ISSUED TRAINING PERMIT: Use this form, being sure to check the box titled "Renewal "on page 2 of this form. The renewal request must be received and processed prior to the expiration of the initial permit issued. |
| PLEASE NOTE: |

There are no exams required for a training permit to be issued. If you wish to eventually become fully licensed, you must take and pass the practical exams and the national exam (ILE). In order to be made eligible to sit for these exams, you must submit either an Apprentice Permit application, or an application for licensure as a Hearing Aid Dispenser. An application for a training permit will NOT make you eligible to sit for any of the required exams for an Apprentice Permit and/or Hearing Aid Dispenser.

The holder of a training permit may apply for an apprentice permit at any time pursuant to Board rules, however, both permits cannot be held at the same time.

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| FOR BOARD US | E ONLY |
|--------------|--------|
| Amount Subm | itted |
| Date | |
| Receipt # | |



| Certificate Numb | er | |
|------------------|----|--|
| Date Issued | | |
| Applicant No. | | |

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(Please check only one of the following, completing all requested information)

___ Application for Hearing Aid <u>TRAINING PERMIT</u>

__Renewal of a Hearing Aid Training Permit # HAP_

(Paper renewal Form ONLY Accepted, NO online renewals)

Application/Renewal Fee: \$60.00 (non-refundable)

Application fee includes a \$10 mail in application processing fee.

| PART I – PERSONAL INFORMATION | | | | | |
|--|-----------------------|---------------------------------|-----------------|-----------------|---------------------------|
| 1. Name | | | | | |
| Last | First | Middle | M | Iaiden | |
| Name as shown on exam r | ecords or trans | cripts: | | | |
| (if different) | | | | | |
| Last | First | Middle | | Maiden | |
| 2 | 3 | | Male (|) Female (|) |
| *Social Security Number | | Date of Birth | | | |
| *This information is authorized to be 20-3-295, 42 U.S.C.A. 551 and 20 U | | osed to state and federal agenc | cies pursuant t | to O.C.G.A. 19- | 11-1 and O.C.G.A. |
| 4. Physical Address | 16 | Nom 1 | | GI (G | |
| Numbe If you are granted a license, your n | | Box NOT Acceptable) Apt | | | Zip Code on the internet. |
| Your physical address is required, i address change. | f different than the | mailing address. You must | immediately | notify the Boar | d in writing of an |
| address change. | | | | | |
| 5. Mailing Address | | | | | |
| (If different from physical address) | Number and Street | - P.O. Box Is Acceptable | Apt. No | City/State | Zip Code |
| 6. | | | | | |
| Telephone Number Day | Te | lephone Number Evening | | Cell Phone | Number |
| 7. E-Mail Address | | | | | |
| A -111 | | (Please print clearly) | c4: : | | - 41 |
| Acknowledgement of your application way for the Board staff to contact you of any e-mail address change. YOU | ı so that your applic | ation can be processed in the | most efficien | t manner. Pleas | e notify the Board |
| | | | | | |
| | | re a military spouse | | | |
| member of the United S | States armed | forces (including t | he Natio | nal Guard | i). |

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| | PART II – EDUC | CATION |
|--|---|--|
| College/University | | Degree/Date |
| | | |
| | PART III – BACKGROUNL | O INFORMATION |
| crime involving moral turpi or dangerous drugs? (DWI "conviction" includes a find offender treatment, and also charge(s). NOTE: The answ expunged, dismissed or def | tude, or a crime violating federa and DUI are not minor traffic vi- ling of verdict of guilty, plea of o includes adjudication of guilt of ver to this question is "YES" if a erred, you pled & completed pro- | sdemeanor (other than a minor traffic violational or state law relating to controlled substances olations.) For purposes of this question, a guilty, a plea of nolo contendere, or first or sentence withheld or not entered on the an arrest or conviction has been pardoned, obtain under First offender and/or your civil vice that the offense will not appear on your |
| application. In the event the that fact. Also include a per the next question, print out | e file no longer exists, you must rsonal letter of explanation regar t the "Background Investigation | s and final disposition from the court with you submit documentation from the court stating ding each incident. If you answered "Yes" to on Consent" form found on the same webpag tion may result in delayed processing of the |
| 2. Have you ever had any re | estrictions as a Medicaid or Med | licare provider? () Yes () No |
| | e you ever held a license as a he No. If "yes" complete the foll | earing aid dispenser/trainee/apprentice in any lowing: |
| | State/Jurisdiction Date Issued | |
| | State/Jurisdiction Date Issued | |
| | Please request each licensing board sui | bmit verification of license to Georgia |
| - | ed or suspended or otherwise say other state? () Yes () No | inctioned any license issued by any board or |
| • | ed issuance of or, pursuant to did ncy in Georgia or any other state | sciplinary proceedings, refused renewal of a e? () Yes () No |
| | e questions above, please attach a writ ffice, and a completed Background In | tten explanation. Also, if yes to #1, submit official vestigation Consent form. |

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AFFIDAVIT OF CITIZENSHIP

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the <u>Georgia State</u> <u>Board of Hearing Aid Dealers & Dispensers</u>, and I agree to abide by these laws and rules, as amended from time to time.

| as amended from time to time. |
|---|
| By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1: |
| 1) I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 4 & 5 of this application. |
| 2) I am <u>not</u> a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a Copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 4 & 5 of this application). In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Hearing Aid Dealers & Dispensers and/or criminal prosecution. |
| Signature of Applicant Date |
| Sworn to and subscribed before me this |
| day of |
| (Notary Seal) |
| Notary Public Signature |
| My commission expires: |
| Note to Notary: Application should be signed with proper ID. |

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Supervising Dispenser's Statement

I hereby certify that I will be the supervising dispenser of the above named applicant and will insure that the applicant complies with the Georgia laws while dispensing hearing aids, until such time as the applicant becomes a licensed dispenser or the State Board has been notified that I withdraw as their supervisor.

| Print Name | | | |
|--|----------|---------------|------|
| Signature | Dispense | er License # | |
| Address | | | |
| Street | City | State | Zip |
| State of | | | |
| County of | | | |
| Subscribed and sworn to before me this | day of | | , 20 |
| Signature of Notary Public | | (Notary Seal) | |
| My Commission Expires | | | |

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Phone: 404-424-9966

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VERIFICATION OF LICENSURE

The <u>Verification of Licensure</u> form should be sent to <u>ALL states in which you hold a license</u>. (You can make additional copies of the form if necessary). <u>The licensing agency for other state may mail the completed form(s) directly to the Board office</u>: Georgia Board of Hearing Aid Dealers and Dispensers, 237 Coliseum Drive, Macon, Georgia 31217, or fax to 866-888-7127 or send via e-mail to <u>ExamBoards-Healthcare@sos.ga.gov</u>, ATTN: HADD Board.

The licensing entity may use their own forms or generated verification versus the Board form if desired.

| PART I – APPLICANT | | | |
|---|--|--|--|
| I, hereby authorize the state of to furnish to the Georgia Board of Hearing Aid Dealers and Dispensers the information requested below. | | | |
| Applicant's Signature Social Security No. License No. Applicants do not write below this line. Applicants must forward to state verifying license. | | | |
| PART II – STATE AGENCY | | | |
| <u>LICENSING AGENCY</u> : The above applicant has applied for a license to practice in Georgia. Please furnish the Georgia Board the following information AND mail, fax or e-mail as referenced above. | | | |
| Name of Licensee: License Number | | | |
| Licensed by: Exam Endorsement Waiver Grandfather Clause | | | |
| If by exam, please indicate the examination administered to applicant: | | | |
| Issue Date: License Status: Current Expiration date: | | | |
| ☐ Inactive Date of last renewal: | | | |
| Lapsed Date of last renewal: | | | |
| Have all continuing education requirements been met? \square YES \square NO | | | |
| Has the license ever been encumbered in anyway? (Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation, Etc.) \square YES \square NO | | | |
| Is the applicant currently under investigation? Yes () No () * Please provide details, including copies of any documents with status of investigations. | | | |
| Signed Date | | | |
| Title: State Board | | | |
| Telephone # () | | | |

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